

# Nuclear Regulatory Commission Entry Level Development Program Application Instructions

Type or print application information clearly. A complete application consists of:

- (1) Entry Level Development Program Application
- (2) Current college Transcript(s). If the applicant has already received a degree, the transcript should show evidence of completion of the degree program. Unofficial transcripts may be submitted for initial review. However, official transcripts must be received prior to acceptance.
- (3) The names, addresses and telephone numbers of three (3) references

**Note:** Transcript(s) may be mailed directly to the NRC by the University or included with other application materials by the applicant. If an official transcript is sent by the applicant, it must be placed in a sealed envelope with the institution's name or seal written or stamped across the back of the envelope.

**Please make sure that you have completed all parts of the application and have placed your signature on page 9. Keep a copy of this application and supporting materials for your files. Incomplete applications will not be reviewed.**

Return the completed application and any correspondence to:

**U. S. Nuclear Regulatory Commission  
Entry Level Development Program Coordinator  
Office of Human Resources  
Mail Stop O-3E-17A  
Washington, DC 20555-0001**

Contact for the Entry Level Development Program: Alison Hoffman  
Telephone: (301) 415-3830  
Fax: (301) 415-3818  
e-mail: [axh@nrc.gov](mailto:axh@nrc.gov)

Application information will be used solely for the purpose of selecting entry level personnel and administering the program. Disclosure of this information is made subject to Public Law 93-579 (Privacy Act of 1974)

This is an equal opportunity program open to all qualified persons without regard to race, color, age, religion, national origin, physical or mental disability or being a Vietnam Era Veteran or disabled veteran.

**NUCLEAR REGULATORY COMMISSION  
ENTRY LEVEL DEVELOPMENT PROGRAM  
APPLICATION**

**STUDENT DATA**

Name: \_\_\_\_\_  
*(Mr/Mrs/Ms) (First) (Middle) (Last) (Ext)*

Social Security Number: \_\_\_\_\_

Current Academic Status:

- ☐ Baccalaureate Recipient Not Currently Enrolled      ☐ Full Time  
☐ Undergraduate Student      ☐ Part Time  
☐ First year Graduate Student

**College/University** \_\_\_\_\_

Department \_\_\_\_\_ Major \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

**School Residence** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

*Address effective through:* \_\_\_\_\_

*After this date, all correspondence will be sent to the permanent  
address listed below unless otherwise requested*

**e-mail address** \_\_\_\_\_

**Permanent Residence** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

**Fax number**

if there is a fax number at which you may receive correspondence regarding this application please list it below:

FAX \_\_\_\_\_

**Citizenship**

U. S. Citizen: ☐ Yes      ☐ No

## RACE AND NATIONAL ORIGIN IDENTIFICATION

(Please read the instructions and Privacy Act Statement before completing form)

Agency Use Only	Name (Last, First, Middle Initial)	Social Security Number	Birthdate (Month & Year)

### Privacy Act Statement

You are requested to furnish this information under the authority of 42 U.S.C. § 2000e-16, which requires that Federal employment practices be free from discrimination and provide equal employment opportunities for all. Solicitation of this information is in accordance with Department of Commerce Directive 15, "Race and Ethnic Standards for Federal Statistics and Administrative Reporting."

This information will be used in planning and monitoring equal employment opportunity programs and to identify employees for inclusion in skill banks and referral pools.

Your furnishing this information is voluntary. Your failure to do so will have no effect on you or on your Federal employment. If you fail to provide the information, however, then

the employing agency will attempt to identify your race and national origin by visual perception.

You are requested to furnish your Social Security Number (SSN) under the authority of Executive Order 9397 (November 22, 1943). That Order requires agencies to use the SSN for the sake of economy and orderly administration in the maintenance of personnel records. Because your personnel records are identified by your SSN, your SSN is being requested on this form so that the other information you furnish on this form can be accurately included with your records. Your SSN will be used solely for that purpose. Your furnishing of your SSN is voluntary and failure to furnish it will have no effect on you; failure to provide it, however, may result in it being obtained from other agency sources.

**Specific Instructions:** The categories below are designed to identify your basic racial and national origin category. If you are of mixed racial and/or national origin, identify yourself

by the category with which you most closely identify yourself. Place an "X" in the box next to the appropriate category. NOTE: Mark **only ONE** box.

NAME OF CATEGORY (Mark <b>ONE</b> only)	DEFINITION OF CATEGORY
<b>Categories for Use in All Jurisdictions Except Hawaii* and Puerto Rico</b>	
<b>A</b> <input type="checkbox"/> American Indian or Alaskan Native	A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation.
<b>B</b> <input type="checkbox"/> Asian or Pacific Islander	A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
<b>C</b> <input type="checkbox"/> Black, not of Hispanic origin	A person having origins in any of the black racial groups of Africa. Does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins (see Hispanic).
<b>D</b> <input type="checkbox"/> Hispanic	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. Does not include persons of Portuguese culture or origin.
<b>E</b> <input type="checkbox"/> White, not of Hispanic origin	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. Does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins (see Hispanic). Also includes persons not included in other categories.
<b>Categories for Use in Puerto Rico</b>	
<b>D</b> <input type="checkbox"/> Hispanic	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins whose official duty station is in Puerto Rico. Does not include persons of Portuguese culture or origin.
<b>Y</b> <input type="checkbox"/> Not Hispanic in Puerto Rico	A person not of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins whose official duty station is in Puerto Rico.

NRC STUDENT APPLICATION

NAME: \_\_\_\_\_

EDUCATION

List **ALL** Technical Schools, Community colleges, Universities/Colleges, etc.. Begin with the most recent institution

Please submit transcripts from each institution listed below.

Undergraduate Institution(s)

Institution	Dates Attended	Major	Degree Received/ Expected	Month/Year

Graduate Institution(s)

Institution	Dates Attended	Major

GRADE POINT AVERAGE

List separately the **cumulative** undergraduate and graduate GPAs for all institutions listed above. Use a 4.0 scale to compute (A=4, B=3, C=2, D=1). If your institution uses a different grading scale other than 4.0 (for example, 5.0 or 6.0) recompute to 4.0. Please round to two decimal places.

Undergraduate Cumulative GPA

Graduate cumulative GPA

\_\_\_\_\_

\_\_\_\_\_

NAME:

## References

List three persons familiar with your academic preparation and your technical abilities.

Name/Title	Address/Phone Number

**Work Experience** (If you have no work experience, write "N/A" in A below) (This section does not have to be completed if you submitted an OF-612 previously)

Describe your most recent or most current job and work backwards describing each job you held **during the past 10 years**. Under **Description of Work**, write a clear and brief, but **complete** description of your **major duties** and responsibilities for each job. Include any supervisory duties, special assignments and accomplishments in the job.

[illegible]

## NAME: \_\_\_\_\_

[illegible]

## NRC STUDENT APPLICATION

NAME: \_\_\_\_\_

### ***Work Experience (Continued)***

[illegible]

## NAME: \_\_\_\_\_

[illegible]



NAME: \_\_\_\_\_

**List ALL courses (completed, current, planned) that you will take during academic year \_\_\_\_\_** **Indicate with the proper code, the status of all courses you list**

University \_\_\_\_\_

[illegible]

**List engineering, science and mathematics courses that you have completed. Provide course title and grade earned. This form is use to facilitate the review of the applicants academic record and performance in engineering, science and mathematics.**

[illegible]

NRC STUDENT APPLICATION

NAME: \_\_\_\_\_

ACADEMIC AWARDS AND HONORS

Include undergraduate and graduate honors (honor societies, scholarship awards, etc)

Undergraduate Awards/Honors


Graduate Awards/Honors


Extracurricular Activities

Include community service organizations, technical societies, and campus activities (include office held and other recognition)


Signature

\_\_\_\_\_

**GEOGRAPHIC PREFERENCE ELECTION FORM**  
**FOR ENTRY LEVEL DEVELOPMENT PROGRAM**

Name \_\_\_\_\_

Date \_\_\_\_\_

If selected for the entry level development program, my geographic preferences are as follows:

Headquarters (Rockville, MD) \_\_\_\_\_

Region I (King of Prussia, PA) \_\_\_\_\_

Region II (Atlanta, GA) \_\_\_\_\_

Region III (Lisle, IL) \_\_\_\_\_

Region IV (Arlington, TX) \_\_\_\_\_

No geographic preference \_\_\_\_\_

Duty stations may be ranked in order of preference from 1 to 5. Non-preferences may also be noted.

## **Veteran's Preference**

Do you claim veteran's preference? ☐ Yes ☐ No Mark you claim of 5 or 10 points below:

☐ 5 points. Attach your DD-214 or other proof

☐ 10 points. Attach an Application for 10-Point Veterans Preference (SF15) and required proof

## **Federal Civilian Employment Status**

Were you ever a Federal civilian employee? ☐ Yes ☐ No

For highest civilian grade give the following:

Series [       ] Grade [    ] From (MM/YY) [       ] To (MM/YY) [       ]

Are you eligible for reinstatement based on career or career conditional Federal status?

☐ Yes ☐ No If requested, attach SF 50 proof.

## **Applicant Certification**

**I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me or for firing me after I begin to work and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.**

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**SIGNATURE**

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**DATE SIGNED**